



Program Participation Waiver

Date or range of dates of participation:

_____ to _____

I understand and certify that my participation in activities at 6924 Dark Hollow Road, Wrightsville, PA (Allen & Kerry Clements dba Dark Hollow Biodynamic) is completely voluntary, and I have familiarized myself with the program and activities in which I will be participating. I recognize that certain hazards and dangers are inherent with any activity at Dark Hollow Biodynamic and I acknowledge that although Dark Hollow Biodynamic has taken safety measures to minimize the risk of injury to participants, Dark Hollow Biodynamic cannot ensure or guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries.

I further recognize that in consideration of participation, and knowing the dangers, hazards and risks (foreseen and unforeseen) I agree to release and hold harmless Allen Clements, Kerry Clements, Dark Hollow Biodynamic, 6924 Dark Hollow Road, Wrightsville, PA, all staff, and volunteers from any and all liability, actions, causes of actions, claims, expenses and damages for injuries to myself or my property, which result from my participation or any other associated activities.

I have carefully read this release and know the contents thereof and I sign this release as my own free act. I understand the importance of acting responsibly and abiding by the instructions of staff, volunteers and facility rules, regulations and procedures for safe participation. By signing this I am acknowledging that I am at least 18 years of age.

Signature

Printed Name

Date

Dark Hollow Biodynamic
6924 Dark Hollow Road, Wrightsville, PA 17368
717.381.7545